



CALIFORNIA STATE ATHLETIC COMMISSION
 1424 HOWE AVE. STE. #33
 SACRAMENTO, CA 95825
 INTERNET: www.dca.ca.gov
 (916) 263-2195 FAX (916) 263-2197



EKG REVIEW SUMMARY

- ☐ Professional Boxer ☐ Amateur Boxer ☐ Professional Kickboxer ☐ Amateur Kickboxer
☐ Professional Mixed Martial Arts

NAME OF ATHLETE (Print Name) _____

ATHLETE DATE OF BIRTH _____ DATE OF EKG REPORT _____

Have you ever fainted during or after exercise? ☐ Yes ☐ No If YES, please explain:

How many bouts have you had since your last EKG? _____

How many rounds have you fought since your last EKG? _____

Have you ever had chest pain during or after exercise? ☐ Yes ☐ No If YES, please explain:

Do you get tired more quickly than your friends do during exercise? ☐ Yes ☐ No If YES, please explain: _____

Have you ever had racing of your heart or skipped heartbeats? ☐ Yes ☐ No If YES, please explain: _____

Have you been told you had high blood pressure or high cholesterol? ☐ Yes ☐ No If YES, please explain: _____

Have you ever been told you have a heart murmur? ☐ Yes ☐ No If YES, please explain: _____

Has any family member or relative died of heart problems or of sudden death before age 50?

☐ Yes ☐ No If YES, please explain: _____

Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the past month? ☐ Yes ☐ No If YES, please explain: _____

Has a physician ever denied or restricted your participation in sports for any heart problems?

☐ Yes ☐ No If YES, please explain: _____

Does the athlete have Normal Sinus Rhythm? ☐ Yes ☐ No

If NO, please explain: _____

IS THE EKG REPORT WITHIN NORMAL LIMITS ☐ Yes ☐ No

If NO, please explain: _____

IN YOUR MEDICAL OPINION, WITH RESPECT TO THE ATHLETE'S CARDIAC CONDITION AND EKG REPORT, IS THIS ATHLETE ELIGIBLE TO BE LICENSED TO COMPETE? ☐ Yes ☐ No

If NO, please explain: _____

Is Further Referral Necessary? ☐ Yes ☐ No

If YES, please explain: _____

Are Additional Exams Needed? ☐ Yes ☐ No

If YES, please identify the examination(s) and explain why they are needed to include your specific instructions.

This examination does not take the place of any other examination required by the CSAC. It also does not take the place of any general physical examination, diagnosis, or medical treatment of the applicant. It is solely for the purpose of aiding the CSAC in determining whether the applicant's present *cardiac condition* permits him to be licensed for competition.

NAME OF ATHLETE: _____

Signature of Physician

Date

Please print:

Name of Examining Physician

State/License Number

Street Address

Telephone Number

City

State

Zip Code

Office Use

Approved By: _____

Date: _____